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|--|--|---------------------------------|------------------------|
| <p><b>Effective on 12/08/2004.</b><br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> |  | <p><b>Complete if Known</b></p> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number              | 10/754,498-Conf. #8273 |
|  |  | Filing Date                     | January 12, 2004       |
|  |  | First Named Inventor            | Kazuya ODA             |
|  |  | Examiner Name                   | C. J. Quiett           |
|  |  | Art Unit                        | 2622                   |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                            | 810.00                 |
|  |  | Attorney Docket No.             | 0378-0404P             |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch,</u>                                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                     |   |                      |                      |                                      |                     |                                 |
|---|---------------------|---|----------------------|----------------------|--------------------------------------|---------------------|---------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                      |                                      |                     |                                 |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                      |                                      |                     |                                 |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                      | <b>EXAMINATION FEES</b>              |                     |                                 |
|   |                     | <u>Small Entity</u>                                     |                      | <u>Small Entity</u>  |                                      | <u>Small Entity</u> |                                 |
| <u>Application Type</u>   | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>      | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                      | <u>Fee (\$)</u>     | <u>Fees Paid (\$)</u>           |
| Utility   | 310                 | 155   | 510                  | 255                  | 210                                  | 105                 | _____                           |
| Design  | 210                 | 105   | 100                  | 50                   | 130                                  | 65                  | _____                           |
| Plant   | 210                 | 105   | 310                  | 155                  | 160                                  | 80                  | _____                           |
| Reissue   | 310                 | 155   | 510                  | 255                  | 620                                  | 310                 | _____                           |
| Provisional   | 210                 | 105   | 0                    | 0                    | 0                                    | 0                   | _____                           |
|   |                     |   |                      |                      |                                      |                     | <u>Small Entity</u>             |
|   |                     |   |                      |                      |                                      |                     | <u>Fee (\$)</u> <u>Fee (\$)</u> |
| <u>Fee Description</u>  |                     |   |                      |                      |                                      |                     |                                 |
| Each claim over 20 (including Reissues)   |                     |   |                      |                      |                                      |                     | 50    25                        |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                      |                                      |                     | 210    105                      |
| Multiple dependent claims   |                     |   |                      |                      |                                      |                     | 370    185                      |
| <u>Total Claims</u>   |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |                     |                                 |
| 16 - 20 = _____   |                     | x _____   | = _____              |                      | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |                     |                                 |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                      |                      |                                      |                     |                                 |
| <u>Indep. Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> |                      |                                      |                     |                                 |
| 2 - 3 = _____   | x _____             | = _____   |                      |                      |                                      |                     |                                 |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                      |                      |                                      |                     |                                 |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                      |                                      |                     |                                 |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                      |                                      |                     |                                 |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u> |                                      |                     |                                 |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    | = _____              |                      |                                      |                     |                                 |
|   |                     |   |                      |                      |                                      |                     | <u>Fees Paid (\$)</u>           |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                      |                                      |                     |                                 |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                      |                                      |                     |                                 |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...   |                     |   |                      |                      |                                      |                     | 810.00                          |

|                     |                     |                                   |                  |
|---------------------|---------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                     |                                   |                  |
| Signature           |                     | Registration No. (Attorney/Agent) | 40,439           |
| Name (Print/Type)   | D. Richard Anderson | Telephone                         | (703) 205-8035   |
|                     |                     | Date                              | October 29, 2007 |